STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL079019 06/18/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 511NC HIGHWAY 87 **OAKWOOD FAMILY CARE HOME** REIDSVILLE, NC 27320 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a biennial construction survey done by Bob Getchell on June 18, 2015. This facility was first licensed as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on July 01, 1986. Based on this we are requiring the home to be in compliance with the 1984 and the applicable portions of the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, the 1968 Uniform Residential Building Code (Volume 1B) and, the 1978 (Revision 5) North Carolina State Building Code -Section 409.1(g)- Residential Care Facilities. Deficiencies were noted which will require a new plan of correction. C 101 Existing Licensed-No Less than '71 Rules C 101 SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition. renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL079019	B. WING		06/1	8/2015
NAME OF PROVIDER OR SUPPLIER STREET AD			DRESS, CITY, S	STATE, ZIP CODE		
I OAKWOOD FAMILY CARE HOME			GHWAY 87 LE, NC 273	20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 101	Continued From pa	ige 1	C 101			
	Barbour Drive, Rale no cost;	eigh, North Carolina 27603 at				
	width is not in acco	et as evidenced by: vation, the front bathroom door rdance with the Rules in effect ity was first licensed.				
	Findings include: The front bathroom	door is 2 feet wide				
	Licensure Rule that minimum of 2 feet s time of survey it wa	rmance with the 1984 t bathroom doors be a six inches wide. Note: At the is not noted that the bathroom structurally bearing wall.				
C 110	Construction-Baser	ment, Attic	C 110			
	CONSTRUCTION	302 DESIGN AND and the attic shall not to be				
		et as evidenced by: vation, the facility was not e manner by allowing storage				
	Findings include: There are stored ite	ems in the attic.				
C 132	Bathroom-For Each	n 5 or Fewer	C 132			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
FCL079019		B. WING		06/18/2015		
NAME OF PROVIDER OR SUPPLIER OAKWOOD FAMILY CARE HOME 511NC HI		DRESS, CITY, S GHWAY 87 LE, NC 273	STATE, ZIP CODE	•		
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C 132	or fewer persons in This Rule is not me 1. Based on obser maintain the require current licensed ca Findings include: Facility licensed for end bathroom show only one shower av reflects 3 residents	cluding live-in staff and family. et as evidenced by: vation, the facility did not ed number of showers for the pacity. 6 residents, however the left ver is out of service, leaving railable. (Current census in the facility).	C 132			
C 135	commodes, tubs ar residents. This Rule is not modern to the second to t	THE BUILDING BO9 BATHROOM all be installed at all and showers used by the et as evidenced by: vation, the facility was not e manner by having a loose	C 135			
C 136	in showers and bat This Rule is not me	THE BUILDING 809 BATHROOM ing or strips must be installed h areas.	C 136			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPI	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	OD EAMILY OADE 110	511NC HIC	GHWAY 87			
OAKWO	OD FAMILY CARE HO	REIDSVIL	LE, NC 273	20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 136	Continued From pa	ige 3	C 136			
	not maintained safe					
	Findings include:	oom tub does not have any no				
C 143	Corridor-Free of Ob	ostructions	C 143			
	SECTION .0300 - 7 10A NCAC 13G .03 (c) Corridors shall other obstructions.					
		et as evidenced by: vation, the facility was not e manner by having corridors				
		plocked by a door that has a nobs, making it impossible to ne door closes.				
	b) The corridor is blocking hardware.	plocked by a door that has				
C 168	Fire Extinguishers		C 168			
	DISASTER PLAN (a) Fire extinguish meet these minimu care home: (1) one five pound type centrally located (2) one five pound type located in the light process.	ers shall be provided which m requirements in a family or larger (net charge) "A-B-C" ed; or larger "A-B-C" or CO/2				

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C 168	enforcement official This Rule is not me 1. Based on obser- protection equipme safe manner. This not having fire protection an emergence Findings include: The inspection tags indicate that require being performed per	et as evidenced by: vation, the building fire ent was not maintained in a would affect all residents by ection equipment operable for cy. s on the fire extinguishers ed monthly checks are not	C 168			
C 174	SECTION .0300 - 1 10A NCAC 13G .03 EQUIPMENT (a) The building armechanical, and plucare home shall be operating condition (j) This Rule shall family care homes. This Rule is not med. The facility was manner by having ecomponents that arwith the Codes and facility was first lice. Findings include: a) In the crawlspace missing the drain ling pressure relief valveb) In the crawlspace.	THE BUILDING B17 BUILDING SERVICE and all fire safety, electrical, aumbing equipment in a family maintained in a safe and apply to new and existing et as evidenced by: not maintained in a safe electrical and plumbing re not installed in accordance I Rules in effect at the time the insed. The the hot water heater is ne on the temperature and	C 174			

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C 174	cover was removed 2. Based on obsermaintained operable close completely arresidents privacy. Findings include: a) The middle from and latch. 3. Based on obsermaintained in a saframp in disrepair. Findings include: a) The ramp on the nails backing out of hazard. b) Two deck board curled up creating a c) The deck board curled up creating a trip haza 4. Based on observer not maintaine Findings include: There were cobwelt	vation, the facility was not e by having doors that did not and latch. This could affect a t bedroom door will not close vation, the facility was not e manner by having an exit e right end of the building has the guardrails creating a cut a son the ramp have split and a trip hazard. Is have nails backing out rd. vation, the facility bedrooms d clean.	C 174			

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